

Backflow Assembly Test Report

Water System Name: _____ File No.: _____
 Location of Assembly: _____
 Owner of Assembly: _____
 Address: _____ City: _____ State: _____ Zip _____
 Size of Assembly: _____ Model No.: _____ Serial No.: _____
 Name of Assembly Manufacturer: _____

| I N T I A L | Check Valve #1 | | Check Valve #2 | | Differential Pressure Relief Valve | Pressure Vacuum Breaker |
|---------------------------------|----------------|--|--|---|--|---|
| | R P | PSI Across | PSI Across | PSI Across | Opened at ____ # Opened Under 2# or did not open <input type="checkbox"/> | AIR INLET: Opened at ____ # Opened Under 1# or did not open <input type="checkbox"/> |
| | D C | Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> | Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> | | | CHECK VALVE: Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> |
| R E P A I R S | | Cleaned <input type="checkbox"/> Replaced: Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Feather <input type="checkbox"/> Hingepin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other (describe) <input type="checkbox"/> | Cleaned <input type="checkbox"/> Replaced: Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Feather <input type="checkbox"/> Hingepin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other (describe) <input type="checkbox"/> | Cleaned <input type="checkbox"/> Replaced: Disc <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat(s) <input type="checkbox"/> O-ring(s) <input type="checkbox"/> Module <input type="checkbox"/> Other (describe) <input type="checkbox"/> | Cleaned <input type="checkbox"/> Replaced: Air Inlet Disc <input type="checkbox"/> Air Inlet Spring <input type="checkbox"/> Check Disc <input type="checkbox"/> Check Spring <input type="checkbox"/> Other (describe) <input type="checkbox"/> | |
| | FINAL TEST | PSI Across <input type="checkbox"/> Closed Tight <input type="checkbox"/> | PSI Across <input type="checkbox"/> Closed Tight <input type="checkbox"/> | Opened at ____ # Reduced Pressure <input type="checkbox"/> | Satisfactory <input type="checkbox"/> | |

Initial Test By: _____ Certification No. _____ Date: _____
 Repaired By: _____ Date: _____
 Final Test By: _____ Certification No. _____ Date: _____

This assembly's INITIAL TEST performance was: Satisfactory ☐ Unsatisfactory ☐

This assembly's FINAL TEST performance was: Satisfactory ☐ Unsatisfactory ☐

I certify the above test has been performed and I am aware of the final performance.
 BY: _____ Assembly Owner Representative
 Distribution: White - Assembly Owner · Pink - Tester · Canary - Water Utility